#### CITY OF NEWPORT Community Development Dept.

169 SW Coast Hwy

Newport, OR 97365

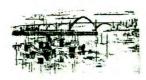
Ph: 541-574-0629

PLEASE PRINT

FAX: 541-574-0644

email: w.haney@newportoregon.gov

Please complete all sections, 1 through 3



#### **ELECTRICAL PERMIT APPLICATION**

	00	
Bulk Label No	22158	(if applicable)

3. Complete Fee Schedule below					
	Num	ber of insp	ections	per permit allo	owed
Service included:	Items	Cost (ea.		Sum	
A. Residential Per Unit Service incl					
1000 sq. ft. or less		\$ 140.	00		
Each additional 500 sq. ft.	-	\$ 30.	00	-	
or portion thereof					
Limited Energy		\$ 30.	00		_
Each Manuf'd Home or					
Modular Dwelling Service		\$ 75	00		
B. Services or Feeders					
Installation, Alterations or Relocation	,		12.	75	00
200 amps or less		\$ 75	.00	10	
201 amps to 400 amps					
401 amps to 600 amps		\$ 150			-
601 amps to 1000 amps Over 1000 amps or volts		\$ 440	00 —		_
Color and and an					
Reconnect Only		\$ 60	.00		
C. Temporary Services or Feeders					
Installation, Alterations or Relocation					
200 amps or less		\$ 60	.00		
201 amps to 400 amps		\$ 70	.00		
401 amps to 600 amps		\$ 125	.00		
Over 600 amps to 1000 vits		\$ 190	.00		
Over 1000 amps or volts		\$ 400	.00		_
D. Branch Circuits					
New, Alteration or Extension per Panel			200		
a) Each branch circuit		\$ 5	.00		
b) The fee for branch circuits without purchase of service					
or feeder fee.					
First Branch Circuit		\$ 60	.00		
Each add'l branch circuit		\$ 7	.00		
E. Miscellaneous (Services or Feed	er not includ		-		
Each pump or irrigation circle			.00		
Each sign or outline lighting		2 30	00.		_
Signal Circuit(s) or a limited					
energy panel, alteration or extension		\$ 50	00		
F. Each additional inspection over the				ove, per in:	
A. Fees total of above			_	75	لان
B. 25% of Line A for plan review					
(if required)			-		
C. 12% State Surcharge of Line A				9	00
D. Other					
D. Other			-		

1. Location of installation:	Service included: Items	Cost (ea.)	Sum	
1 21 - 1 111 1.	A. Residential Per Unit Service included:			
Address 626 SW alvey St	1000 sq. ft. or less	140.00		4
<del></del>				
City Nav port Building Suite No	or portion thereof		2300	
	Limited Energy	30.00		1
Tenant Name (if commercial)	Each Manuf'd Home or			
		75.00		2
Tax Lot Map No	B. Services or Feeders			
	Installation, Alterations or Relocation		7-00	
Directions	200 amps or less	75.00	13	2
	201 amps to 400 amps	95.00		2
	601 amps to 1000 amps	200.00		2
Commercial Residential	Reconnect Only	60.00		2
2a. Contractor Installation only:	C. Temporary Services or Feeders	_		
	Installation, Alterations or Relocation			
Electrical Contractor J+J Coastal Electric		\$ 60.00		2
Electrical Contractor T + 5 Ca as 1 Ca		\$ 70.00		2
	And the property of the control of t			2
AddressCity,ST,Zip				
				2
Date Job Number	A STATE OF THE PARTY OF THE PAR	\$ 400.00		2
11:1 7/	D. Branch Circuits			
Property Owner Wilburn Hace	New, Alteration or Extension per Panel			
	a) Each branch circuit	\$ 5.00		2
Contractor's License No.	b) The fee for branch circuits			
	without purchase of service			
Contractor's Board Reg. No.	or feeder fee.			
	First Branch Circuit	\$ 60.00 _		2
Signature of Supr. Elec'n.	Each add'l branch circuit	\$ 7.00		2
	E. Miscellaneous (Services or Feeder not included	i)		
License NoPhone No				2
Fax No.		, 50.00 _		-
2b. For Owner installations:	Signal Circuit(s) or a limited			
	energy panel, alteration or			
	extension	\$ 50.00 _		2
Print Owner's Name Phone No.	F. Each additional inspection over the allowable in an	v of the ah	ove per inspect	ion.
			ove, per maper	
Mailing Address		_		
			7500	
City, State, Zip	A. Fees total of above	_	1.0	-
	B. 25% of Line A for plan review			
The installation is being made on property I own which is not intended for sale, lease or rent.	(if required)			
The installation is being made on property rown which is not intended for safe, least or remain	(11.14-11.14)	-		
			11	
Owner's Signature	C. 12% State Surcharge of Line A		900	
OFFICE USE	a. II. a state a di cina Be ai mine i	-		
OFFICE USE	D 01			
meter banchange	D. Other	_		
4 han Ame				
Nature of work being done to which this permit applies:				
The state of the s	F. Januarian Fra			
	E. Investigation Fee	_		
F41 F74 0630				0
For inspections call: 541-574-0629 (Inspections typically on Tuesdays & Thursdays)	Balance Due		8400	
	Dalative Due			

This permit becomes null & void if the work authorized by the permit is not commenced within 180 days from date of issuance of such permit or if the work authorized is suspended or abandoned at any time after work is commenced for a period of 180 days. Electrical Permits are non-refundable &

THE '	
HE BUILDING	
DEPARTMENT,	LLC

CITY OF	Vew port PERMIT NO. <u>E14-8529</u> 6/9/19
PHONE	541-574-0629 PERMITTEE J+J Coastal
ADDRESS 626 SW abby St	PHONE
UNDERGROUND	COVER - WALL/CEILING
A SERVICE OTHER Croud	STOP WORK
	ROVED, <b>CR</b> =CORRECTION REQUIRED OK TO CONTINUE
PETIID	RN SIGNED REPORT TO INSPECTOR
□ OK TO CONTINUE AFTER	R CORRECTION(S) ARE MADE WITHIN DAYS. BELOW INDICATING ALL CORRECTIONS ARE MADE
PERMIT HOLDER SIGNATURE	DATE
INSPECTED BY Careford	DATE 6/12/14 John

THE TOURS  BUILDING  DEPARTMENT, LLC	
BUILDING	
DEPARTMENT LLC	
PEPAR INEIVI, DUC	

BL# 20546

CITY OF

Newport

PLEASE PRINT			
Please complete all sections,	1	through	3.

1.Location of installation				
Address 626 SW Mility At				
Address 686 SW Miley &city 1 Building Suite No.				
Tenant Name (if commercial)				
Tax Lot Map No				
Directions				
* i				
Commercial Residential X				
2a. Contractor Installation only:				
Electrical Contractor Noun Electric				
Address				
Date Job Number				
Property Owner Source Advance				
Contractor's License No.				
Contractor's Board Reg. No.				

#### 2b. For owner installations:

Signature of Supr. Elec'n \_

License No. \_\_\_\_\_

Print Owner's Name		Phone No.		
Address		<u> </u>		
City	State		Zip	

\_\_ Phone No.

The installation is being made on property I own which is not intended for sale, lease or rent.

WHICH IS	not intenueu	ioi saie,	rease or	rent.
Owner's Sign	nature			

OFFICE USE				
•				

For inspections call

541- 574-0629

# ÉLECTRICAL PERMIT APPLICATION

Project/Permit Number	E05-6885	Date _ 7- // - 08
Number		Date

Service Included:	Items Cost (ea.)	Sum
A. Residential Per Uni		<del></del>
<b>A. Residential Per Uni</b> 1000 sq. ft. or less	# Service Included: \$ 140.00	::-
Each additional 500 sq. ft.	\$ 140.00	
or portion thereof	\$ 30.00	
Limited Energy	\$ 30.00	
Each Manuf'd Home or		•
Modular Dwelling Service	\$ 75.00	2
B. Services or Feeder	rs	
Installation, Alterations orRelo	ocation	`
200 amps or less	\$ 75.00	
201 amps to 400 amps	\$ 95.00	
401 amps to 600 amps	\$ 150.00	
601 amps to 1000 amps	\$ 200.00	
Over 1000 amps or volts	\$ 440.00	
Reconnect Only		
C. Temporary Service		
Installation, Alterations orRelo		
200 amps or less	\$ 60.00	
201 amps to 400 amps	\$ 70.00	
401 amps to 600 amps	\$ 125.00	
Over 600 amps to 1000 volts	\$ 190.00 \$ 400.00	
Over 1000 amps volts	\$ 400.00	
D. Branch Circuits	or Canal	
New, Alteration or Extension p		
a) Each branch circuit     The fee for bronch circuite	\$ 5.00	
b) The fee for branch circuits		
without purchase of serv	rice	1 00
or feeder fee. First Branch Circuit		6000
Each add'l branch circuit	<b>2</b> \$ 7.00	14 02
E. Miscellaneous (Sen	vice or Feeder not inc	cluded)
Each pump or irrigation circle		2
Each sign or outline lighting		
Signal Circuit(s) or a limited	\$ 55.66	
energy panel, alteration or		
extenstion	\$ 50.00	
	• • • • • • • • • • • • • • • • • • • •	
F. Each additional insp in any of the above		owable
,	\$ 60.00*	
Or the total hourly cost to the		
hall include supervision, over	•	•
f the employees involved.	, , por a system y	
Fees total of above		\$ 7400
25% of Line A for plan re	wiew.	
(if required)	, :AICAA	\$
8% State Surchage of Li	ne A	\$ F.85
Other		\$
Investigation Fee		\$
Balance Due		+ 521 8×



	CITY OF	Newport	PERMIT NO.	F08-6885
	PHONE	574-0629	PERMITTEE	FOS-6885 Doug Electric
ADDRESS 636 SW 0	Whey St.		PHONE	
UNDERGROUND	<b>/</b> ·		OVER - WALL/CEILING	
TEMPORARY SERVIC	E	L	OW VOLTAGE	
SERVICE		F	INAL	
OTHER			STOP WO	RK
	TO CONTINUE AFTE	RN SIGNED REPORT TO INSPECT R CORRECTION(S) ARE MADE W I BELOW INDICATING ALL CORRI	/ITHIN DAYS	
PERMIT HOLDER SIGNATUR	RE			DATE
INSPECTED BY	Sa	rk Sallogker	·	DATE 7-15-07

THE ELECTRICAL  BUILDING INSPECTION REPORT	
ADDRESS 636 SW Abbey St.  UNDERGROUND (Downstatis switched)  TEMPORARY SERVICE  PERMIT NO. <u>E08-688</u> POURS COVER WALL/CEILING  LOW VOLTAGE	<u>'5 7/111</u> <u>Vea ·                                    </u>
SERVICEFINALSTOP WORK	
A=APPROVED, N=NOT APPROVED, CR=CORRECTION REQUIRED OK TO CONTINUE  Be sure + Be mel Mafal box (~ Ceiling cree)	
RETURN SIGNED REPORT TO INSPECTOR  OK TO CONTINUE AFTER CORRECTION(S) ARE MADE WITHIN DAYS	

HE ELECTRI	CAL
DERARTMENT, LLC INSPECTION	
26 CITY OF Newport	PERMIT NO. <u>E08.6885</u> 7/11/08  PERMITTEE Nougo Elea
PHONE	PERMITTEE Nougs Elea
UNDERGROUND (Downstalis switched)	PHONE
TEMPORARY SERVICE	LOW VOLTAGE
SERVICE	FINAL
OTHEROTHER	STOP WORK
Be Suce To Bond Mand box 10	CTION REQUIRED OK TO CONTINUE

	RETURN SIGNED REPORT TO INSPECTOR	مستيقي
٠,	OK.TO CONTINUE AFTER CORRECTION(S) ARE MADE WITHIN DAYS.	
	PERMIT HOLDER SIGN BELOW INDICATING ALL CORRECTIONS ARE MADE	
	PERMIT HOLDER SIGNATURE	DATE
	INSPECTED BY CCARWING	DATE 9/2/08

HE
BUILDING
DEPARTMENT, LLC

CITY OF Newport	PERMIT NO. <u>E08-6885</u> 7/4/
PHONE 574-06	PERMIT NO. <u>E08-6885</u> 7/11/29  PERMITTEE Dougo Electrico
ADDRESS 626 SW abbey St.	PHONE
UNDERGROUND	COVER - WALL/CEILING
TEMPORARY SERVICE	LOW VOLTAGE
SERVICE	
OTHER	STOP WORK
A=APPROVED, N=NOT APPROVED, CR=	CORRECTION REQUIRED OK TO CONTINUE
RETURN SIGNED R	EPORT TO INSPECTOR
☐ OK TO CONTINUE AFTER CORRECTI PERMIT HOLDER SIGN BELOW IND	ION(S) ARE MADE WITHIN DAYS. ICATING ALL CORRECTIONS ARE MADE
PERMIT HOLDER SIGNATURE	DATE
INSPECTED BY Cauford	DATE COLE LOS I
	July 10

BUILDING
DEPARTMENT LLC

CITY OF Newsort	FOR -1005 7/41
f i	PERMIT NO. <u>E08-6885</u> 7/11
PHONE 574-0629	PERMITTEE Dougs Electric
ADDRESS 626 SW abbey St.	PHONE
UNDERGROUND	COVER - WALL/CEILING
TEMPORARY SERVICE	LOW VOLTAGE
SERVICE	A EINAL
OTHER	STOP WORK
A=APPROVED, N=NOT APPROVED, CR=CORRECT	
RETURN SIGNED REPORT T  OK TO CONTINUE AFTER CORRECTION(S) AR PERMIT HOLDER SIGN BELOW INDICATING A	E MADE WITHIN DAYS:

## CITY OF NEWPORT OREGON INSPECTIONS DIVISION

PUBLIC SAFETT DEPARTMENT	PERMIT	<b>-</b>	INSPECTIONS DIVISION
FOR OFFICE USE ONLY	LPUIALL		Permit <u>Nº</u> 7031×
·	T	No. Families	Occ. Cert. No.:
Land Zone $R - H$ Type of Bui	ilding	Residence	Sprinkler System or
Motel Occupancy	Group $R-3$	Apartment	
Permit To			Alter Rldg
Address 126 50	W Abbet		
Tax Lot Map	Lot 5 县 人	Block <del>1</del> 6	Addition B&C 3
	BUILDING PER		
Application is made to ( Erect	] Relocate □	Building 🗵.	Fill
Application is made to ↓ Erect └ Alter ☑		Building ☒. Structure ☐	/ Excavation □ Construction ☑
Repair			Demolition
Entire work when completed will cost, in	ncluding labor and materials: \$	7,000	Fee\$ 5 7 50
	EXCAVATION &	FILL	
Excavation U Cubic yds			F
Fill Cubic yds		· 	Fee \$
	MISCELLANEOUS	PERMITS	% STATE \$ 2.70
Sewer \$Curb Cur	t \$Sign	Plan	Review Fee \$ > 4 . 75
Tempora	ary Temporary	SQ. FT.	
Sidewalk \$Structure Street	es \$Sign	SQ. FT.	OTAL & STATE
Oriveway \$Opening	\$Other	\$ <u>F</u>	EES ♥ \$ 89.55
Owner Wilburn Hal	Address		Phone
_	•	i ·	
Builder <u>John Son &amp; John</u> Builder's Board No. <u>44001</u>	· · · · · · · · · · · · · · · · · · ·		
Architect		-/	Phone
		···	Phone
Geologist	Address		Priorie
DESCRIPTION OF WORK	ect 12 X 21	9. arag-	· to exist.
house as	anproved	by Pla	n 8/20/85 otel fo
8/23/85 okal for	end oxed 7	P: - a1	· "
7. 7		- •	
<del></del>		-	35
		•	
· · · ·	ONLY WORK DESCRIBED ABOVE	INCLUDED IN PERMIT	
agree to build according to above des and the Ordinances and Codes of the O	scription, plans and specifications	0	1
and the Ordinances and Oodes of the C	on nomport.	Variance No.	//Date
	Applicant	IXUN JUB	nalon
APPLICATION RECEIVED	PLANS CHECKED BY	PLAN EXAMINER	PERMIT ISSUED
	Approved	Not Approved	1 6. 110
Ву	Ву	,	_ By I had
5.4	1		- SIZALVE

Final Date\_

Date: aug 19, 1985

CITY OF NEWPORT 810 SW ALDER ST. NEWPORT, OREGON 97365

## CITY OF NEWPORT PERMIT APPLICATION (This is not a permit)

Building's Address:	
Construction Value (Include Labor and Materials)	7,000
EXCAVATION & FILL	
Excavation Cubic Yds	•
Fill Cubic Yds	•
Owner: Delbum Hall	Phone:
Address: 7 Chang 626 S.W. abb	ey
	- <b>-</b>
Builder: physon + Johnston	Phone: 265-7359
Address: Rt, ETBax 47	
Builder's Registration Number	
Architect:	Phone:
Address:	
Geologist:	Phone:
Address:	_
	<u>_</u> .
DESCRIPTION OF WORK: Cladition to go	cage

Land Zone	PUBLIC SAFETY DE INSPECTIONS D Newport, Or	IVISION	Permit No. 2/ 88
Fire Zone	APPLICATION FOR BI	· · · .	Valuation \$ 500 =
Type of Building	No	. Families	Permit Fee \$
Occupancy Group	Apartment		
	Residence		
Application is made to Alter Repair		ire This per	mit covers Excavation Construction
Address <u>626</u> 5	w Abbey	57	
Address <u>626</u> 5 Lot <u>556</u>	Block 8	PG Addition	BEC 3TO
Construction—Frame	Semi-fireproof	ireproof steel frame	Fireproof concrete
Number of Stories	Height in Feet	Type of Roofing Materi	al
Occupancy or use			· · · · · · · · · · · · · · · · · · ·
Entire work when completed will	cost, including labor and ma	terials: \$5	0000
Owner Williams A	Address		Phone
Builder Band EM	Address	· · · · · · · · · · · · · · · · · · ·	Phone
Architect	Address		Phone
rians attached	Plar	ns on file	· · · · · · · · · · · · · · · · · · ·
	DESCRIPTION O	F WORK	
Change ba	Miron,	enlar	ge, and
well find	6/3/70	Old to	Dove.
			· · · · · · · · · · · · · · · · · · ·
		·	· · · · · · · · · · · · · · · · · · ·
ONLY WORK DESCRIBED ABOVE IN	ICLUDED IN PERMIT	Varia	nce Case No.
I agree to build according to above		cations and the Building	Code of the City of Newport.
APPLICATION RECEIVED		BY PLAN EXAMINER	PERMIT ISSUED
Ву	Approved By	Not Approved	By P. Yale Vedal
ate	Date		Date
OTHER PERMITS REQUIRED BY THIS	DEPARTMENT:		9/18/20
Gas PlumbingE	lectrical Sidewalk	Driveway Sew	er Sign Moving

### City of Newport, Oregon Building Department

### APPLICATION FOR A BUILDING PERMIT

Date	Permit No. 1081
Location; Street Address 6.16 3 W. abbus between	n St.
Lot No. 6. Block No. 86 , Addition Care a	St.
Lot No, Block No, Addition Care	BaylyZone J.C.
Construction: Frame Semi-fireproof Fireproof Steel	Conc. or Blk
Size of Lot, Size of Bldg, No. of Stores	, Occupied as
Height, Basement Use, First Story	, Second,
Third, Attic	
ESTIMATED COST OF LABOR AND MATERIALS \$.460,000,	PERMIT FEE \$
ANY WORK NOT MENTIONED BELOW IS NOT INCLUDED IN T	
Plans and Specs. Prepared by  Recorded Owner Hilbar Hall, Address Law  Name of Builder Hand Much, Address	Registered Architect Registered Engineer
Recorded Owner Hilland Address Samme	, Ph
Name of Builder Sand Much, Address	, Ph
( Erect	
Remodel Gustall Gauge Door	
Repair	
Demolish	
TO { Move	
Other	••••••
	·
	•••••
I, the undersigned, agree to execute the work in conformity with the accompanying plans and specs., and the Uniform Building Code a Newport.  (Signed)  Owner	s adopted by the City of
Application Approved19ByBy	7
Application Approved	4 del
Inspection Record: Foundation	
Note: NOTIFY THE BUILDING INSPECTOR WHEN WORK IS RE	<b>\</b>